

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

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|-------------------------------|-----------------------------------------|
| Title of Invention | Surgery delivery device and mesh anchor |
|-------------------------------|-----------------------------------------|

Application Number :

Date :

First Named Applicant: Dr. John I. Shipp

Attorney Docket Number:

TOTAL FEE AUTHORIZED \$ 693

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

BASIC FILING FEE

| Fee Description | Fee Code | Amount \$ | Fee Paid \$ |
|----------------------------------------|----------|-----------|-------------|
| Utility Filing Fee | 2001 | 385 | 385 |
| Subtotal For Basic Filing Fees: \$ 385 | | | |

EXTRA CLAIM FEES

| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ |
|----------------------------------------|-------------|----------|-----------|-------------|
| Total Claims : 22 | 2 | 2202 | 9 | 18 |
| Independent Claims : 3 | 0 | 2201 | 43 | 0 |
| Multiple Dependent Claims | | 2203 | 290 | 290 |
| Subtotal For Extra Claims Fees: \$ 308 | | | | |

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

| | |
|-----------------------------|---------------|
| Credit account number: | 0218 |
| Expiration Date (YYYYMMDD): | 2005-07-31 |
| Authorized name: | Reba C. Shipp |
| Billing address: | 37388 |